 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clear C. Signature	B. Date of Deliver	TE 5		RECEIPT ance Coverage Provided)
Article Addressed to:	Is delivery address different from If YES, enter delivery address	m item 1? Yes below: No	- 96	JB DOGM M/051/	001 & M/003/024
LON THOMAS	a controlly address	below. 12x No	88	, ostage \$	
STAR STONE QUARRIES INC 4040 S 300 W				Return Page 1 5	Postmark
SALT LAKE CITY UT 841077			007	Restricted Delivery 5	Here
01107	3. Service Type		=	(Endorsement Required)	
	☐ Certified Mail ☐ Express☐ Registered ☐ Return			Total Postage & Fees \$	
	☐ Insured Mail ☐ C.O.D.	Receipt for Merchandise		Recipient's Name (Please Print Clearly) (to be LON THOMAS	Completed by mails a
Article Number (Constitution	4. Restricted Delivery? (Extra Fee)	☐ Yes	6	Street, Apt. No.: or PO Poy No.	STONE QUARRIES
Article Number (Copy from service label) 7099 3400 0016 8896 4530				City, State, ZIP+4	
Form 3811, July 1999 Domestic Re	urn Receipt	102595-99-M-1789		PS Form 3800, February 2000	See Reverse for Instruction